

# *Program Coordinator Handbook*



LOMA LINDA UNIVERSITY  
HEALTH

Many Strengths. One Mission.

*Updated June 2015*

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# Welcome

The first edition of this manual was a collaborative effort between the GME office staff and the members of the Coordinator’s Task Force: Marilyn Houghton (Chair), Leyla Embree, Irma Lazo and Kathy Keenan. We will continue to update and add information for the benefit of all Program Coordinators, and welcome your input. The GME office appreciates the support and contributions of everyone involved. Thank you!

*Please note:*

When the term “resident” is used, most of the time it refers to all house staff. PC means Program Coordinator; PD means Program Director; DIO means Designated Institutional Official.

## Expert Tip: Searching this PDF

In addition to navigating this PDF manual via the Table of Contents, you can search the PDF for a word or phrase. With the manual open in your web browser, type **Ctrl+F**, and then type your search word or phrase in the Find box that appears.

# Resources

In addition to this reference manual, the following resources will be very helpful:

- On the opening page of New Innovations, <http://www.new-innov.com> the GME office has set up various links for house staff and physicians including:
  - *The GME Policy* covers a broad range of topics, many of which will be useful to you in writing your own program’s policies and procedures manual. Topics include, but are not limited to: Appointment Procedure for Residents and Clinical Fellows; Moonlighting; Supervision of Residents; Leave Allowances; Corrective Action; Resident Work Hour Guidelines; Remediation Policy; House Staff Grievance Policy and Procedure. The policies are updated routinely and they can be accessed from the opening page of New Innovations under “Policy GME – All Policies.”
- *The GME Office Website*, with links to various areas of importance. It has a link for “Coordinator’s Corner” which is especially designed for Program Coordinators. <http://www.lluphysicianlounge.com/cc>
- *The ACGME website*, <http://www.acgme.org>
- *Websites for your specialty*: for example, the American College of Preventive Medicine – [www.acpm.org](http://www.acpm.org); the American College of Surgeons – [www.facs.org](http://www.facs.org); the American Board of Family Medicine – [www.theabfm.org](http://www.theabfm.org); the American Board of Radiology – [www.theabr.org](http://www.theabr.org); the American Board of Anesthesiology – [www.theaba.org](http://www.theaba.org); etc.

# Office of Graduate Medical Education

The office of Graduate Medical Education (GME) is dedicated to support the human resource and administrative operations for GME programs and House Staff at Loma Linda University Medical Center. GME operates under the direction of Vice President for Graduate Medical Education, Daniel Giang, M.D. and Administrative Director Marilyn Houghton. There are more than 700 residents in over 49 residency and fellowship programs.

The information provided below will serve as a reference for Program Coordinators to know who within the GME can assist with a particular issue. This is not a complete listing of duties and responsibilities but only a reference guide for items the coordinators may need from GME.

GME Office Location and Contact Information: 11332 Mountain View, Westerly Bldg. Suite 'C' Loma Linda, CA 92354. Mailing address: Loma Linda University Medical Center GME Office P.O. Box 2000, Loma Linda, CA 92354. Phone: (909) 558-6131 Fax: (909) 558-0430. [gmeo@llu.edu](mailto:gmeo@llu.edu); [www.lluphysicianlounge.com](http://www.lluphysicianlounge.com)

## Who to Contact in GME

Staff Member	Duties
<p>Dan Giang, M.D. VP GME</p>	<p>Please contact Dr. Giang with any questions or concerns that your Program Director is not able to address, such as items related to:</p> <ul style="list-style-type: none"> <li>● ACGME</li> <li>● Site Visits</li> <li>● Internal Reviews</li> <li>● Program Requirements</li> <li>● Program Letters of Agreement</li> <li>● Graduate Medical Education Committee</li> </ul> <p>Dr. Giang's appointment calendar is maintained by Teresa Meinken, ext. 66779</p>
<p>Marilyn Houghton Administrative Director mhoughton@llu.edu</p>	<ul style="list-style-type: none"> <li>● Overall management of GME</li> <li>● GME office procedure, planning development, implementation</li> <li>● Contracts</li> <li>● HR Policy implementation including FMLA, LOA, etc.</li> <li>● Training programs</li> <li>● House Staff Orientation</li> <li>● Coordinator Meetings/Needs</li> <li>● House Staff Payroll/Salaries</li> <li>● Budget</li> <li>● Resident Advisory Council meetings/needs</li> <li>● Visas</li> <li>● Sleep Rooms</li> </ul>

<p>Teresa Meinken tmeinken@llu.edu</p>	<ul style="list-style-type: none"> <li>● House Staff Problems or Concerns</li> <li>● Any other questions or concerns not listed</li> <li>● Verification of training dates</li> <li>● Loan deferments</li> <li>● White coat ordering/distribution</li> <li>● Other administrative duties</li> </ul>
<p>Gloria Mrad gmrad@llu.edu</p>	<ul style="list-style-type: none"> <li>● Visiting Residents</li> <li>● Verification of Training</li> <li>● New hire welcome packets</li> <li>● Processes Non-LLUMC elective rotations</li> </ul>
<p>Amy Yin ayin@llu.edu</p>	<ul style="list-style-type: none"> <li>● GME Website Management</li> <li>● Resident Physician Education Concentration Set-up and Liaison</li> <li>● Licensing application processing</li> <li>● Duty Hour Auditor</li> <li>● Resident Educational Stipend Account Manager</li> </ul>
<p>Martie Parsley, PhD mparsley@llu.edu</p>	<ul style="list-style-type: none"> <li>● Graduate Medical Educator</li> <li>● ACGME Accreditation Requirements</li> <li>● Special Reviews</li> <li>● Annual Program Evaluations (APEs)</li> <li>● Faculty Development</li> </ul>

# Duties of the Program Coordinator

A Program Coordinator is responsible for providing direction, leadership, and day-to-day administration and management of the specific residency/fellowship program under general direction from the Program Director.

The following is a list of duties common to most Program Coordinators:

- Review and ensure compliance and implementation of the Accreditation Council for Graduate Medical Education (ACGME) and specialty/subspecialty board policies and requirements
- Assist Program Director and faculty in the development of program curriculum, including integration and evaluation of core competencies into all educational activities
- Serve as liaison for residents/fellows; evaluate morale and respond to concerns
- Maintain files on all residents/fellows
- Serve as a member of, develop agendas, take minutes, and implement decision and actions for residency/fellowship committees
- Oversee residency/fellowship program budget
- Review, update and implement program-specific policies
- Compile data and prepare/submit reports for Program Director, GME office, accrediting bodies, and other organizations
- Create, distribute, track and file evaluations and duty hour reports through New Innovations
- Track and monitor resident/fellow case logs and alert Program Director and Service of deficiencies
- Manager all aspects of resident/fellow recruitment, including review all incoming applications through the Electronic Residency application Service (ERAS) or SF Match; create and update brochures, posters and websites; schedule interview dates; and coordinate pre-interview dinners and interview day activities
- Plan and coordinate department events including resident/fellow orientations, graduation dinner, and welcome parties
- Proctor and coordinate all required examinations
- Create, distribute and update resident/fellow schedules, resident/fellow handbook and rotation goals & objectives manual
- Track resident/fellow vacations, sick leave, and leaves of absence
- Process letters of recommendation and training verification forms

# Residency/Fellowship Timeline of Annual Events

## *July*

- July 1 is the first day of the academic year for most residency/fellowship programs. This is the day residents and fellows will officially begin their training.
- Coordinate new resident/fellow orientation and welcome events
- Schedule and coordinate Annual Program Evaluation meeting(s)
- Continue interviewing fellowship applicants

## *August*

- Complete ACGME WebADS updates
- Submit Annual Program Evaluation form to GME office
- Determine residency interview dates and make any necessary room reservations
- Create Rank Order List [fellowship]

## *September*

- ERAS opens [residency] – applications begin to arrive mid-September
- Prepare recruitment materials (brochures, packets, freebies, etc.) for interviewees
- Deadline to confirm quotas in NRMP [fellowship]
- Finalize and submit Rank Order list [fellowship] to GME office for submission to NRMP

## *October*

- Match Day (depends on program)
- Orient new faculty on ERAS
- Medical Student Performance Evaluations (MSPE) – aka Dean's Letters – are released the first week of October
- Begin to review residency applications in ERAS (daily)
- Send residency interview invitations
- Begin interviewing residency candidates

## *November*

- Continue interviewing residency candidates
- Request resident/fellow completion of semi-annual self-evaluation
- Registration opens for In-Training Exam (ITE) [anesthesia specific]
- Schedule semi-annual resident/fellow evaluations

## *December*

- Continue interviewing residency candidates
- Conduct semi-annual resident/fellow evaluations
- Proctor mock oral exams for senior residents

## *January*

- Wrap up residency interviews
- Coordinate 'second look' visits (if your program allows)
- Deadline to confirm quotas in NRMP (end of January) [residency]

## *February*

- Proctor In-training Exam [anesthesia specific]
- Compile and submit Rank Order list [residency] to GME office for submission to NRMP
- Set dates for fellowship interviews
- Begin reviewing fellowship applications
- ACGME Annual Education Conference is usually held the last week of February

## *March*

- Match Day [residency] occurs mid-March (results are posted on the NRMP website)
- Email welcome letter to matched applicants
- Submit required information for matched applicants to GME Office
- Send fellowship interview invitations and begin interviews

## *April*

- Continue interviewing fellowship applicants
- Begin creating next year's resident rotation schedules
- Annual Requirements Session provided by GME office for residents who are advancing
- Begin updating resident handbook, rotation goals & objectives manual, policies & procedures, and rotation syllabi

## *May*

- Annual Requirements Session provided by GME office for residents who are advancing
- Continue interview fellowship applicants
- Advise/remind seniors about graduation requirements
- Send new resident/fellow information to appropriate departments and individuals

## *May (cont.)*

- Request appropriate access and/or training for new residents/fellows
- Schedule resident/fellow semi-annual evaluations
- Create new academic year in New Innovations
- Prepare and distribute annual program evaluation forms to faculty and residents
- Finalize and print resident handbook, rotation goals & objectives manual, policies & procedures manual, and rotation syllabi
- Order textbooks for new residents

## *June*

- ERAS opens [fellowship]
- Coordinate graduation dinner
- Conduct semi-annual resident/fellow evaluations
- Coordinate and proctor mock oral exams for senior residents
- Update database with graduation resident/fellow information (new address, phone, etc.)

## *On-going*

- Program Letters of Agreement (PLA) must be renewed every 5 years
- Keep WebADS current with any changes to program (new faculty, off cycle residents/fellows, leaves of absence, etc.)
- Quarterly Clinical Competency Committee (CCC) Meetings
- Radiation Monitoring: Most residents/fellows must switch dosimeters quarterly
- Order meal cards from GME Office as needed
- Review resident/fellow duty hours
- Review resident/fellow case logs
- Monitor monthly evaluation completion
- Update rotation/call schedules as needed
- Update New Innovations as needed (change of address/phone, etc.)
- Verify resident/fellow training and process letters of recommendation

# ERAS®-the Electronic Residency Application Service

Electronic Residency Application Service (ERAS®) is a service that transmits the MyERAS application, letters of recommendation (LoRs), Medical Student Performance Evaluations (MSPEs), medical school transcripts, USMLE transcripts, COMLEX transcripts, and other supporting credentials from applicants and their Designated Dean's Office (DDO) to program directors. ERAS consists of MyERAS, Dean's Office Workstation (DWS), Program Director's Workstation (PDWS), Letter of Recommendation Portal (LoRP) and ERAS PostOffice. ERAS simplifies the process for the applicants, schools, and residency programs by transmitting residency application materials and supporting credentials from medical schools to residency programs via the internet.

## *Components of ERAS*

**MyERAS** is the website where applicants complete their MyERAS Application, select programs to apply to, and assign documents to be received by programs.

**DWS** is the software used by the Designated Dean's Office. From this software, medical school staff creates the ERAS electronic token that applicants use to access MyERAS. They also use this system to scan and attach supporting documents to the application, such as photographs, medical school transcripts, MSPE, and LoRs. These documents are then transmitted to the ERAS PostOffice.

**PDWS:** is the ERAS Software used by program staff to receive, sort, review, evaluate, and rank applications.

**LoRP:** is a tool that enables LoR Authors and administrative users to upload letters directly to ERAS

**ERAS PostOffice:** is the central bank of computers that transfer the application materials from applicants and their designated dean's office to residency programs.

## *How Does ERAS Work?*

- Applicants receive an electronic token from their Designated Dean's Office and use it to register with MyERAS.
- Applicants complete their MyERAS application, select programs, assign supporting documents, and transmit their application to programs.
- Schools receive notification of the completed application, and start transmitting supporting documents, transcripts, LoRs, photographs, MSPE.
- Examining boards receive and process requests for score reports.
- Programs contact the ERAS PostOffice on a regular basis to download application materials.

There is an extremely detailed guide that can be found at:  
[https://www.aamc.org/download/249322/data/pdws\\_ug.pdf](https://www.aamc.org/download/249322/data/pdws_ug.pdf)

Please visit the website for up-to-date announcements and information regarding ERAS  
<https://www.aamc.org/services/eras>

# Recruitment and Selection

Most residents are selected through a formal matching process. The majority of residency applications are downloaded from the Electronic Residency Application Service (ERAS® - covered in previous section). ERAS® transmits standardized application, letters of recommendation (LoRs), the Medical Student Performance Evaluation (MSPE), transcripts, USMLE scores, and other supporting credentials from applicants and designated dean's offices to program directors. All transmissions are sent to and received from the ERAS® PostOffice. Coordinators usually begin downloading applications and supporting documents on September 1.

Each program sets its own deadline for applications to be completed, but once complete, they are reviewed and selections are made for those applicants who are invited for an interview. The number of sessions and actual interview process is set by each program. Interviews are offered for predetermined interview sessions. These offers may be made by e-mail or regular mail. Phone calls are not recommended because there is no documentation of what is offered.

## *Interviewing Don'ts*

As part of preparing for interviews, make sure all faculty interviewers know what types of questions and topics or behaviors are illegal, inappropriate, and/or prohibited by NRMP. At the start of each interview season, all interviewers should see the list below as well as read the NRMP Communication Code of Conduct: <http://www.nrmp.org/code-of-conduct/>

*Interviewers must NOT discuss or ask questions regarding:*

- Age
- Marital Status
- Religion or Creed
- Gender
- Sexual Orientation
- Immigration Status
- Veteran Status
- Disability (it *is* permissible to ask about the applicant's ability to perform the duties and responsibilities described)
- Family Status (it *is* permissible to ask whether there are any activities, commitments, or responsibilities which might prevent the meeting of work schedule/attendance requirements, but only if asked of all applicants – both male and female)
- National Origin (it *is* permissible to ask about an applicant's ability to read, write, or speak English or another language when required for a specific job)

## *Applicant Record Retention*

Programs should maintain all paper and electronic applicant files for a minimum of three years. At that point, the program can choose to shred the paper documents if desired. Electronic data can be maintained after three years at the program's discretion. It is suggested that programs maintain a listing of all applicants/candidates for each year for future reference/statistics.

# International Medical Graduates

All International Medical Graduates (IMGs) must have a certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) certifying that they are approved to pursue graduate medical education training in the United States. In order to achieve ECFMG certification, international graduates must submit their credentials to the ECFMG and pass competency tests in both English and clinical skills. IMGs must obtain their ERAS® application kits from the ECFMG, which will issue them only to qualified applicants.

ECFMG sponsors J-1 Visas for House Staff. All international medical graduates must already have a Post-Graduate Training Authorization Letter (PTAL) issued by the Medical Board of California before s/he may be considered for a training position at LLUMC or LLIECHE. The application form for the PTAL can be found at [http://www.mbc.ca.gov/Forms/Applicants/application\\_ptal.pdf](http://www.mbc.ca.gov/Forms/Applicants/application_ptal.pdf)

## Visas for International Medical Graduates (IMGs)

An International Medical Graduate usually holds one of these types of visa (or visa status):

- **F-1 with OPT/EAD**
  - This status is commonly seen with an IMG who completed medical school in the USA. After completion of medical school the IMG is entitled to one year of optional practical training (OPT) and begins the residency program with an employment authorization document (EAD) that allows employment for one year. A resident on F-1 status must change to either a J-1 or H-1B status to continue residency training past PGY-1.
- **H-1 B (or E-3 for Australians)**
  - The H-1 B is an employment visa – house staff can be “employees.” The visa status is regulated by the Department of Homeland Security (US Citizenship and Immigration Services, Customs & Border Protection) and the Department of Labor (DOL). An H-1
- **J-1**
  - Since the H-1 visa is preferred for house staff (no cost to the program) the process is outlined below.

### *GME Process for J-1 Visa*

J-1 Visa Status is a temporary, non-immigrant visa for full-time educational training-not employment. The J-1 has a two year home residency requirement with seven years maximum progressive training. There are three organizations and one federal agency involved in the J-1 process for IMGs:

- Department of State – administers the Exchange Visitor (EV) Program (which includes the J-1 medical training program).

- Association of American Medical Colleges (AAMC) – monitors and sets standards for medical education and administers the Electronic Residency Application Service (ERAS®)
- National Residency Matching Program (NRMP) – administers the “Match”
- Educational Commission for Foreign Medical Graduates (ECFMG) serves as the Responsible Officer (RO) for the EV Program and provides academic credentialing services and issues the DS-2019. ECFMG is also responsible for authorizing travel for the J-1 IMG and issuing the ECFMG certification.

In order to be issued a DS-2019, an IMG must have ECFMG certification.

ECFMG Exam and Certification requirements:

- USMLE Step 1
- USMLE Step 2 (CK)
- USMLE Step 2 (CS)
- Primary source verification of final medical diploma and transcripts
- English test proficiency (except for graduates of Canadian medical schools)

Each GME/Teaching Hospital has a designated Training Program Liaison (TPL) who works directly with ECFMG. At LLUMC, the TPL is Marilyn Houghton, Administrative Director of GME. Martin Aguirre of the Office of International Services is supporting GME with his expertise in this area and acting as a secondary TPL with ECFMG.

There are three main types of J-1 Visa Applications:

- Initial Application
- Application for Continuation
- Non-Standard Training Program Application

All instructions are located on the ECFMG website: [www.ecfm.org](http://www.ecfm.org). The application process changed effective October 2011 to an on-line process which must be initiated by the TPL at the training institution.

### **Due Dates:**

For On-Cycle Hires, notify Marilyn Houghton (TPL) of J-1 continuation or initial applications by March 24 of the hiring year. Please include the USMLE/ECFMG ID number in your email as this will be required for the on-line process. GMEO will initiate an appointment profile and “add applicant” to the on-line EVNet system created by ECFMG. The current or incoming resident/fellow will then receive an email from ECFMG with instructions to complete the application process. Supporting documentation must be uploaded as part of the on-line process by both parties prior to the application submission so it is important that this process be coordinated with GMEO.

The GME generates an offer letter to the incoming house staff member to be signed by the applicant for acceptance and returned to Marilyn Houghton.

The letter must include specific start and end dates of the training year, Specialty and Sub-Specialty of the training program, training level (PGY Level) and stipend amount. This letter or the house staff agreement (contract) will be required before the on-line application can be initiated!

If the application is approved, ECFMG will use Form DS-2019, Certificate of Eligibility for Exchange Visitor (J1) Status to the TPL. The GMEO will provide the original to the applicant (by FedEx Airbill or, if already at LLUMC, have them stop by GME) with a copy to the GME file. Unless your resident/fellow is on-site currently, please provide a FedEx Airbill addressed to the applicant to GMEO for mailing of the DS-2019

### **Please note:**

- J-1 renewal is required annually.
- ECFMG requires 4-6 weeks for processing.
- By March 24<sup>th</sup>, (date for on-cycle hires) notify GME of any incoming or continuing house staff who need an initial or continuation of J-1 sponsorship.
- When the J-1 Physician reports for training s/he must present the TPL with evidence of approved J-1 Visa Status in order to begin the training program. Documentation includes J-1 Visa Stamp in Passport, J-1 D/D (Duration of Status) on I-94 Arrival/Departure Record. TPL Reports Arrival/Delay to ECFMG within 30 days.

### **GME Must Report Any Changes to ECFMG:**

Any of the following changes must be reported to ECFMG by the TPL so *it is imperative that you make sure GME stays informed.*

- Remediation
- Leave of absence
- Licensure delay
- Proposed Off-Site Rotations
- Proposed early advancements
- Resignations
- Contract Terminations
- Legal Concerns, Allegations, Internal Hearings, etc.
- Travel

### **Other Visa Options**

Other visa statuses possible, but far less prevalent, include the H-1B. This type of visa is typically reserved for graduates of Loma Linda University School of Medicine or incoming fellows/residents who need to transfer an existing H-1B visa from another institution. All other requests for H-1B visas must be reviewed by the Graduate Medical Education Committee no later than March 1<sup>st</sup>.

## The Match

For most coordinators, “The Match” means the National Resident Matching Program (NRMP). Other programs may come through something called *The San Francisco Match*, or might select their applicants apart from any match. The NRMP is a private, not-for-profit corporation established in 1952 to provide a uniform date of appointment to positions in GME. Five organizations sponsor the NRMP: The American Board of Medical Specialties (ABMS), the American Hospital Association (AHA), the Association of American Medical Colleges (AAMC), the American Medical Association (AMA), and the Council of Medical Specialty Societies (CMSS). Each year the NRMP conducts a match that is designated to optimize the rank ordered choices of students and training programs. In the third week of March, the results of the Match are announced.

The NRMP is not a centralized application service for GME programs and cannot advise applicants in selecting specialties or programs. The NRMP is simply a mechanism for the matching of applicants to programs according to the preference expressed by both parties.

Programs accredited by the ACGME are eligible for participation in the NRMP. Institutions wishing to offer residency positions in the Match must register their program annually. As a result of participation in the NRMP, hospitals enrolling programs in the NRMP agree to select senior student applicants in U.S. Allopathic medical schools only through the Match in accordance with the policies established by the NRMP. Positions may be offered through the Match to physician graduates of U.S. and Canadian schools of allopathic medicine, U.S. schools of osteopathic medicine, and schools of medicine located outside the U.S. and Canada who meet eligibility requirements set forth by the NRMP.

An annual schedule of dates is published by the NRMP on the back cover of the *Handbook for Institutions and Program Directors*. Notice of any changes to the schedule is posted to the NRMP web site ([www.aamc.org/nrmp](http://www.aamc.org/nrmp)). Adherence to these dates is essential. Materials must be received by the NRMP by the published deadlines.

The listing of an applicant by a program on its Rank Order List or of a program by an applicant on the individual’s Rank Order list establishes a commitment to offer or to accept an appointment when a match results.

Under certain conditions, applicants may withdraw from the NRMP, provided such withdrawal occurs prior to the Rank Order list submission deadline. Applicants who have accepted a residency position through any previous match or outside the NRMP Match must withdraw from the NRMP; or if the position secured is for an advanced program the applicant can only rank first year preliminary or transitional programs.

## All-In Policy

Beginning with the 2013 Main Residency Match, any program that participates in The Match must register and attempt to fill all of its positions through The Match or another national matching plan. A “program” is defined by its ACMGE number. The All-In Policy applies to positions for which the NRMP offers matching services, including PGY-1, PGY-2, and in the case of Child Neurology, PGY-3 positions. All PGY-1 positions and PGY-2 positions in specialties that can begin at either PGY-1 or PGY-2 level must be placed in the Match, regardless of whether the program begins in the PGY-1 or PGY-2 year. Programs can create “Physician Reserved” (“R”) program tracks in the Registration, Ranking, and Results (R3) system for applicants who are eligible to begin advanced training in the year of the Match. PGY-2 or higher positions, in specialties accredited to begin only at the PGY-1 level, and PGY-3 or higher positions in specialties accredited to begin at either the PGY-1 or PGY-2 level are not subject to the Policy because the NRMP does not match for those positions.

This policy does not apply to fellowship programs. <http://nrmp.org/allinpolicyexception.pdf>

Programs may withdraw, or may withdraw positions, from the NRMP, provided such withdrawal occurs prior to the date established by the NRMP, and published as the final date for changes in programs and/or available positions for the NRMP. The registration fee paid by applicants and the GME office is nonrefundable. For more information, please see <http://nrmp.org/all-in.pdf>.

## NRMP Main Match Schedule

Note: The Main Match Schedule is distributed to the PCs and PDs each year by our GMEO. Dates will change from year to year. Please reference the website for current information: <http://www.nrmp.org/residency/main-match-events/>.

### SCHEDULE OF DATES/DEADLINES

1/26/2015	DEADLINE TO CONFIRM QUOTAS to be received in GMEO.
2/9/2015	DEADLINE FOR RECEIPT OF APPLICATIONS FOR REVIEW IN GMEO. GMEO/Credentials Committee will review all <u>ERAS applicants</u> who have “invited to interview” or “interviewed” status. Applications that are not in ERAS must have original documentation submitted to GMEO for review. Please allow ample time for GMEO to provide feedback in the event documentation is missing so you will have time to contact applicant.
2/16/2015	RANK ORDER LIST DEADLINE for receipt in GMEO. <u>Programs using ERAS:</u> Please do the ranking in ERAS. <u>Programs not using ERAS:</u> Submit Rank Order List (ROL) to GMEO by this date. ROL must be in order by RANK NUMBER - include Rank Order, Applicant Name (include Last name, First name and Middle Initial), and Medical School. All Rank Order Lists are submitted to NRMP by GMEO.
3/16/2015	<u>APPLICANT</u> Matched and Unmatched Information posted to the Web at 9:00 AM local time. <u>INDIVIDUAL PROGRAMS</u> filled and unfilled results posted to the Web site at 9:00 AM local time. <u>SUPPLEMENTAL OFFER AND ACCEPTANCE PROGRAM (SOAP):</u> locations of all unfilled positions are released at 9:00 AM local time only to participants eligible for SOAP.

3/16/2015	Unfilled programs need to be available for SOAP interviews. Programs with unfilled positions may start entering their SOAP preference lists at 8:30 AM local time.
3/17/2015	Programs with unfilled positions must finalize their first-round SOAP preference lists by 8:30 AM local time. <u>SOAP</u> offer rounds begin at 9:00 AM local time
3/18/2015	Supplemental Offer and Acceptance Program (SOAP) offers conclude at 5:00 pm eastern time.
3/19/2015	MATCH DAY!!! MATCH results are posted to the NRMP Website at 10:00 AM local time. Program Directors may access the results using their own username and password.
3/20/2015	Graduate Medical Education Office will send onboarding information to matched applicants after this date.

### ***Supplemental Offer and Acceptance Program (SOAP)***

**Note:** SOAP-eligible unmatched applicants shall initiate contact with the directors of unfilled programs only through ERAS. Other individuals or entities shall not initiate contact on behalf of any SOAP-eligible unmatched applicant prior to contact from directors of unfilled programs. Such contact is a violation of the Match Participation Agreement: <http://www.nrmp.org/policies/match-participation-agreements-and-policies/>. Contact between programs and matched applicants prior to the general announcement of Match results at **1:00 p.m. eastern time on Match Day** also is a violation of the Match Participation Agreement.

## New Hires

Now that your match is complete and you know who your new residents will be, it's time to formally hire them. All residents and fellows are hired as employees of Loma Linda University Medical Center or Loma Linda-Inland Empire Consortium for Healthcare Education.

For those programs that use a match program other than the NRMP, or do not use a match system at all, you must submit a hard copy of each new hire's application packet in February and no later than March 1<sup>st</sup> containing the following *as soon as possible*:

- Loma Linda GME or ERAS® application
- Current CV
- PTAL Letter (if applicable)
- Copies of recommendation letters
- Copy of ECFMG Certificate (if applicable)
- Copy of H1-B or J-1 visa (if applicable)
- For residents accepted outside of a normal match period for your program or transferring from another institution – Program Director sends a request for an appointment letter to Dr. Giang (must include program name, time period, post graduate year level, and salary)
- For clinical fellows – Division Chief or Department Chair sends a letter requesting appointment addressed to Dr. Giang (must include – program name, one year appointment period, PGY level, salary, and funding source)
- Signed contract (House Staff Agreement and Confidentiality Agreement) – available for signature at GME Orientation
- Notification of background check at pre-hire
- Medical school transcript with verification of medical degree awarded (transcript must be sent directly from the medical school registrar office to the GME office)
- ACLS/BLS/PALS training verification information sent to GME (both front AND back of card)
- HR forms, submitted online (or Human Resources if off-cycle)
- Immunization records sent directly to Occupational Health – if an individual needs immunizations these can be obtained at orientation at no cost through Occupational Health.
- Instructions about ordering coats
- National Provider Identifier (NPI) Number provided to GME Office

In early April of each year, the GME office sends out GME Welcome Packets to the Match residents containing and/or requesting the documents and information listed below. Requested information must be returned promptly based on the timeline. Not all information (e.g. final transcript) will be available immediately but should be sent as soon as possible to avoid delays in start date. E-mail reminders will be sent beginning in May to Program Directors and Coordinators to assist with any missing items from new hires.

# Miscellaneous

*This is a brief summary – please review the Housestaff Manual for detailed information.*  
<http://www.lluphysicianlounge.com>

## Call Rooms

ACGME Institutional Requirement II.F.3.b. requires that “residents on call must be provided with adequate and appropriate sleeping quarters that are safe, quiet, and private.” The GME Office is responsible for house staff call rooms assigned to GME on the hospital space inventory. GME assigns the rooms to programs based on need and available space. GME provides the basic furnishings and should be contacted if there are problems with a call room. Each program should make sure that their residents know where their call room is located. Call rooms are provided for all residents and fellows taking 24 over in house call.

## Computer Systems Access

The GME Office requests computer access for the following systems during the appointment process for all house staff including off-cycle hires:

- Outlook (email)
- IMPAX
- Departmental Shared Drive
- Remote Access
- Epic/LLEAP (Physician Appointment, Registration and Billing System)
- New Innovations

It is not necessary to complete a “Systems Access Form” for new hires or termination house staff. GME will carry out the process.

## California Medical Licenses

An active medical license is required during residency training, and should be obtained during the PGY-1 year. A valid medical license must be obtained by the 24<sup>th</sup> month of post-graduate training; if not obtained, the GME will not renew the training contract, and the resident will have to reapply for residency. Reinstatement is not guaranteed. For further specifics regarding licensure, please contact the GME Office.

## Door Access

Doors can be accessed using your hospital ID badge. The GME office requested access to several areas including the parking garage. If your program requires access to specific areas (OR, HSH, etc.), please submit a request to the appropriate person (OR Coordinator, lock and Key, etc.).

## Email Accounts

Each residents and fellow will be assigned an LLU email account to which all official GME and departmental information will be sent.

## Identification Badges

Residents on duty are required to wear the LLUMC-issued ID badge, including the 'badge buddy' identifying them as a 'resident physician'. The ID badge with photo and name must be visible at all times.

## Long Distance Access Codes

To facilitate long distance calls related to patient care the GME Office requests Long Distance Access Codes for all house staff and provide notification of these codes. At the end of July a termination report will be sent to CNS to delete any Long Distance Access codes for exiting house staff who are still be charged to our cost centers. House staff should be advised that under no circumstances should a personal long distance call be charged to LLUMC. Making unauthorized long distance calls is contrary to University policy and may result in disciplinary action, including dismissal. Please reference House Staff Manual for policy related to Long Distance Access codes.

## Medical Records

It is imperative that the residents and fellows complete all medical record charts promptly. LLUMC bylaws states that a physician with charts incomplete for longer than two weeks will be suspended from the staff until his/her charts are completed. The GME Office will withhold pay for the duration of the suspension.

## Moonlighting

For the purposes of GME, moonlighting is *practicing medicine for pay outside the requirements of the training program*. The GME strongly discourages moonlighting. If a resident/fellow desires to moonlight, approval must first be granted by the Program Director. Any clinical duty hours dedicated to moonlighting must be include in the 80 hour work week totals; thus a schedule of the resident/fellow's outside work duties must be provide for the Program Director.

## Napping and Transportation Options for Post-Call Residents

For house staff who are too fatigued to safely return home, a few options are available through the GME Office including:

- Call Room Space available on an as needed basis for residents who are too fatigued to safely return home.
- Overnight stay at the Loma Linda Inn which is reimbursed by the GME Office. Bring credit card receipt to GME Office for payment.

## NPI Numbers

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of standard unique identifiers for health care providers and health plans. The purpose of these provisions is to improve the efficiency and effectiveness of the electronic transmission of health information. The Centers for Medicare & Medicaid Services (CMS) has developed the National Plan and Provider Enumeration System (NPPES) to assign these unique identifiers. LLUMC requires all residents and fellows to obtain a National Provider identifier (NPI) number. This is the trainee's lifetime, a professional ID.

The new residents will set these up themselves (instructions provided in the New Hire Onboarding Checklist in New Innovations that the GME emails to incoming house staff). Either the coordinator or the resident can look up the NPI number by searching the NPI website <http://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>. Upon completion of training, the trainee should update his/her address online so that a current practice address is always available.

### **On-Call Meal Cards**

Complimentary meal cards worth \$12 will be provided to residents who are required to take in-house call for 24 consecutive hours and are unable to leave the duty site during the period. The program coordinator from the service associate with the assigned rotation distributes the meal cards.

### **Pagers**

The GME Office is responsible for assigning pager numbers for new house staff (both residents and clinical fellows.) Residents are issued the pager at the close of orientation or by the Communication Network Services (CNS- B Level of Medical Center) at other times. Pagers for residents stay within the same program, being reassigned from residents completing/leaving the program to residents starting the program. As residents leaving the program check out, the GME Office collects their pagers.

### **Photocopying**

Photocopying is available in the GME office. Residents/fellows are given 200 copies per year. Please be mindful of copyright infringements when photocopying.

### **Prescription Pads**

The GME office may issue LLUMC institutional security prescription pads to residents/fellows who do not have their own pre-printed pads. Health care providers must provide the GME office with a copy of their DEA license prior to being issued prescription pads. All prescriptions should be written/entered in LLEAP per hospital policy. If a hand written prescription is needed, generic prescription pads are available on the units in the hospital.

### **Vacation/Leave**

Vacation time is awarded based on the appointment period instead of July-June. Vacation must be used within the appointment period and will not carry over to the next appointment period. PGY-1 residents receive 3 weeks of vacation time per year, while PGY-2 residents and above receive 4 weeks of vacation time per year. The individual residency and fellowship offices should keep their own vacation/leave records. The GME Office should only be notified of leaves of absence (form required). For more information on days off, paid leave, sick leave, funeral leave, jury duty, maternity and paternity leave, please refer to policy GMEC-21.

### **White Coats**

Two white coats are issued by the GME Office at the beginning of training, provided required documentation is completed and submitted to the GME Office.

## VPN

The VPN (Virtual Private Network) allows for remote access to patient data systems, the use of which is subject to the terms and conditions described in the LLUMC Confidentiality Agreement and on the LLUMC information Privacy and Security website. Since signed Confidentiality Agreements are on file with GME, it is important that VPN for all house staff be requested through GME. VPN for house staff are paid for from the GME budget. Residents should provide a cell-phone number to initiate use of the VPN in order to have the PIN sent via Text.

## Liability Coverage for House Staff

The GME office provides information to Risk management regarding all new and continuing residents who have an appointment through GME. Those members of the house staff who are paid through the GME Cost Centers are covered with no additional paperwork. Coverage for all residents and fellows is provided by the Loma Linda University Adventist Health Sciences Center (LLUAHSC) Trust. Individual certificates of coverage can be requested by contacting the GME Office.

## New House Staff Orientation

The GME office provides a New House Staff Orientation before the beginning of each new academic year. New GME-appointed house staffs are expected to attend orientation. Some individual departments also have orientation for new house staff. New House Staff Orientation will serve to welcome new house staff, providing an overall introduction to Loma Linda GME and specific training and information to cover the following topics:

- Advisory Council
- Residents as Teachers and Learners
- Professional Responsibility
- Health and Wellness
- Hospital Computer Systems and Required Training
- HR Benefits
- GME Check-in and Personal Information Update
- ID Badge
- Occupational health Information and Clinic for Immunizations, TB Test, etc.
- Patient Safety, Medical/Legal Liability
- OSHA and Infection Control
- Payroll (completion of necessary on-line forms on PeoplePortal including the I-9, W-4, etc.)
- White Coat Distribution for Residents
- Parking
- VA Rotation Check-in, Information, and Fingerprinting
- Various Exhibits and Information Stations

## New Innovations

New Innovations is the secure centralized internet database Residency Management System (RMS) which the GME office has purchased for use by all programs. Program coordinators are required to use this system to report and maintain all annual rotation information. Please note the “Academic Year” is defined as July 1 – June 30. House staff members can use New Innovations to enter their duty hours. The system has numerous additional modules and features which you are free to take advantage of in the maintenance of your program but are not required for all programs. These include, but are not limited to, duty hour entry and reports, evaluations, procedure logging and reports, curriculum management, conference management, portfolio reviews, milestone tracking, and custom reporting.

New Innovations (NI) has very helpful pages of information and webinars on their website. To access these, log in to New Innovations. Then in the upper right hand corner of the next page, click on “Help.” There is a drop-down menu including “Contact Us” – you can email NI with your questions; “Instructional Training Webinars” – a quite comprehensive list of free webinars covering multiple areas of NI; and “Support Center” – all areas of NI are covered here with systematic written instructions. Trainers at the NI headquarters are very happy to assist program coordinators with any questions. They can be reached by either emailing them at the link in “Contact Us” or by calling them at 330-899-9954.

In addition, when you first log on to NI, the GME office has important announcements and information posted for residents and program coordinators on the opening page.

New Innovations may be assessed at <http://www.new-innov.com>.

# Federal Funding, the Department of Finance and You: How Program Coordinators play a role in funding of GME

## *CMS (Center for Medicare and Medicaid Services)*

The Center for Medicare and Medicaid Services (CMS) is the means by which the hospital gets money to support the residency programs. CMS established an annual reporting process called the Intern Resident Information System (IRIS). IRIS must be used to collect Direct Medical Education funds (DME) and Indirect Medical Education funds (IME).

All residents' time in the hospital is recorded in IRIS. Although resident rotation information is recorded by residencies based on an academic year, the IRIS report is submitted to Medicare based on the hospitals' fiscal year. This is why it is so important that all rotation schedules be maintained in new Innovations. Coordinators should record vacation times as well.

DME Payments are made to cover Medicare's share of a hospital's overall cost to operate a resident training program. These costs include both direct expenses (e.g. resident compensation, teaching physician remuneration), and costs to operate the GME Office, plus hospital overhead to support resident training activities (e.g. administration, housekeeping, and information system costs).

IME payments from Medicare are intended to cover the "indirect" costs of GME. IME is calculated based on a complicated formula and is paid to teaching hospitals to recognize the higher operating costs that result from teaching activities.

## *New Innovations and IRIS (Intern and Resident Information System)*

The IRIS module allows GME and finance personnel to gather and export IRIS information for their Medicare Cost Reports based on the demographic and rotation information contained in the entire institutional database.

In order for accurate IRIS reporting, the rotation/block schedules in New Innovations must be kept as up to date as possible. By early May a rough final current year schedule must be completed and by the end of May all schedules must be finalized for the current year. This information is critical for GME to meet the report needs of the Department of Finance.

## *Budget Preparation for GME and the Coordinator's Role*

Budgets for resident salaries and benefits are prepared by GME based on information submitted by the department. These budgets are submitted to the Department of Finance for Hospital funding approval.

# Advancement

## *Advancing Current House Staff*

The GME Office sends a notice to all programs in early March, requesting a list of those house staff that will be graduating or advancing to the next year of training. The Administrative Manager in GME uses this information to prepare program certificates for house staff completing their training, prepare reappointment letters and agreements for those who will continue, plan for required personnel/payroll actions, and to prepare the fiscal budget for those salaries/benefits paid through GME cost centers.

## Exiting House Staff

### **Exit Process:**

Several weeks in advance of a house staff termination date, the GME Office sends an e-mail to the exiting house staff and his/her Program Coordinator. Exit information is very important to GME for terminating House Staff for reporting to our funding sources. A checklist format is sent to the graduating resident from New Innovations. Information included in the Exit Check List for changing of address with Human Resources so exiting House Staff will receive W-2 forms at the correct address prior to tax season.

In the unusual circumstance where a member of the house staff leaves prior to the completion of training and does not go through the normal check-out process, the coordinator may be asked to collect the following items: ID Badge, Pager, scrubs, and other items assigned by the department. These items should be returned to the appropriate departments. Please notify GME that the above items have been collected/returned.

# Visiting Medical Students/Residents/Fellows/Physicians

To be eligible for a visiting rotation at Loma Linda University Medical Center, an applicant must be in an ACGME accredited training program.

For instructions for visiting residents/fellows, including the visiting resident/fellow application and the list of other required documentation, direct the person interested in temporary rotation at LLUMC to the GME web site: <http://www.lluphysicianlounge.com>

The interested resident/fellow should submit the completed application and all supporting documents to you to check for completeness and for approval by your Program Director. Afterwards, the completed application and documentation must be submitted to the GME Office for final approval *at least 90 days in advance of the desired rotation to allow for processing time*. The complete Immunization Form must be submitted to the GME Office *at least 30 days in advance of the rotation*.

## *Medical Students*

All visiting medical student applications are processed by the LLU School of Medicine Dean's Office using the Visiting Student Application System (VSAS). Students must be in an accredited LCME or DO school, in their final year of training, and willing to come during the school's established rotation dates. Contact: Rosalyn Hamilton ([rhamilton@llu.edu](mailto:rhamilton@llu.edu)) X44729

## *Resident/Fellow Electives - US Grads or IMGs who are currently in ACGME approved programs*

Applications for residents/fellows requesting electives at LLUMC are processed by the GME Office. Contact: Gloria Mrad ([gmrad@llu.edu](mailto:gmrad@llu.edu)) X66131

## *Physician Observerships - US Citizens/Green Card Holders/Permanent Residents*

Applications for physician observers who are US citizens, green card holders, or permanent residents are processed by the GME office. Contact: Teresa Meinken ([tmeinken@llu.edu](mailto:tmeinken@llu.edu)) X66779

## *Physician Observerships - Non-US Citizens*

Applications for fellows/observers/clinicians/administrators, who are non-US citizens, are processed by the Global Health Institute (GHI) Office. Contact: Bing Frazer ([bfrazier@llu.edu](mailto:bfrazier@llu.edu)) X87433

## Elective Away Rotations (Domestic and International)

To The Graduate Medical Education (GME) office will consider away rotations for residents as approved by the Program Director as part of the educational training program. Advance planning is necessary for all items that must be in place prior to an away rotation and Residents/Fellows should coordinator with the Program Director and Program Coordinator.

Please advise residents/fellows not to book airline flights or make other financial commitments related to any rotations until all items for the rotation are in place and confirmed. Please ensure that the resident/fellow has appropriate medical licensure for the location of the rotation before the rotation begins.

### Domestic Away Rotations:

If an elective is requested at one of our current affiliates, it is approved by the GME office with salary and benefits. Arrangements for this must be made between the Program Coordinator of the program at LLU and with the affiliate location and have the Program Director's approval.

Currently our affiliates are:

- ARROWHEAD REGIONAL MEDICAL CENTER ("ARMC")
  - 400 N. Pepper Avenue, Colton, CA 92324. (909) 387-8111
- KAISER Permanente HOSPITAL ("Kaiser")
  - 9961 Sierra Avenue, Fontana, CA 92335. (909) 427-5000
- RIVERSIDE COUNTY REGIONAL MEDICAL CENTER ("RCRMC")
  - 26520 Cactus Avenue, Moreno Valley, CA 92555. (909) 486-4000
- JERRY L. PETTIS MEMORIAL VETERANS AFFAIRS MEDICAL CENTER ("the VA")
  - 11201 Benton Street, Loma Linda, CA. (909) 583-6850
  - If calling from LLU: 7 + 4 digit VA extension

If the rotation is at a non-affiliate location, there is neither salary nor benefits, including professional liability paid.

### International Away Rotations:

International electives must be approved by GHI (Global Health Institute) and they have a specific process. See the list below. If GHI approves the elective, salary and benefits continue. If not, there is neither salary nor benefits, including professional liability paid.

*Approval Process to be completed by the resident/fellow:*

1. Obtain rotation schedule approval from residency program director and discuss any program restriction, requirements, and objectives for international elective.
2. Contact the LLU Global Health Institute office (x44876) to discuss site options and notify the residency program.
3. Submit completed International Travel Authorization form to GHI.

4. Complete Personal Profile at [www.myllu.llu.edu/travel](http://www.myllu.llu.edu/travel)
5. Submit Completed LLUH Travel Agreement and final itinerary to GHI.

The GHI will work with residents to obtain visas and temporary medical licenses as applicable for approved trips. The referenced forms are available on the GHI website under SECTION A: [http://www.lluglobal.com/site/c.msKRL6PNLrF/b.6035151/k.DE07/Outgoing\\_Travelers\\_Checklist.htm](http://www.lluglobal.com/site/c.msKRL6PNLrF/b.6035151/k.DE07/Outgoing_Travelers_Checklist.htm).

### **Evaluations of Away Rotations**

It is a good idea to set up evaluations of the resident/fellow for the institution they are rotating at on New Innovations. Find out who the attending will be and if they have access to NI. You can work with the program coordinator at the other institution to make this possible.

# Program Letters of Agreement

The Program Letter of Agreement (formerly Memorandum of Understanding) is an ACGME requirement for resident/clinical fellow education at a participating site, which must be signed by the Program Director, and Rotation Director at the Affiliate Institution. The PLA addresses GME responsibilities between an individual accredited program and a site other than the sponsoring institution at which residents receive a required part of their education. This document, after it is signed, is in effect for a maximum of five years and must be renewed/resigned every five years with the affiliate institution so house staff may continue to participate in this part of the training process. The PLA should be renewed sooner than 5 years if there is a change in PD, DIO, or affiliate institution official who originally signed the PLA or if there is a significant change to the rotation or to the ACGME policy which affects the rotation.

## *When is a PLA Required?*

- ACGME requires a PLA between the program and each site to which house staff in that program are required to rotate.
- LLU also requires a PLA between the program and each site to which house staff elect to rotate.

## *Instructions for completing a Program Letter of Agreement*

A link for the template for the Program Letter of Agreement is located on the opening page of New Innovations after logging in. There is also a link at the Coordinator's corner on the Physician Lounge website – <http://www.lluphysicianlounge.com/cc> on the right bottom panel.

- Where anything is underlined on the document, type in your corresponding information in its place (actual names of programs, sites, directors)
- On item #3, goals and objectives must be included. Also the length of time of the rotation (i.e. four weeks, six weeks, two months, etc.)
- Acquire all signatures
- Send a copy to the GME office. The original is to be maintained in the residency program office.

## **Contracts between Institutions**

Contracts or agreements between institutions may include broad institutional affiliation agreements involving multiple programs (examples include RCMRC, VA-Loma Linda, etc.); affiliation agreements involving only one program where all residents participate in the rotation; military contracts (for residents supported by the US Navy, Army, Air Force, etc.); or agreements for residents participating in a visiting rotation at LLUMC or LLUMC residents participating in an elective away rotation. In any of the above circumstances, communication with GME is required.

You may also be contacted prior to expiration of a contract or agreement for information regarding the continuation of the agreement and any changes necessary for amendments.

# Compliance Requirements for ALL House Staff

## Resuscitation Training

Approved Agencies for Resuscitation Training – only training from the following nationally recognized agency is accepted at LLUMC: *American Heart Association* – Preferred for all basic and advanced life support training.

Per GME Policy: Once training has been completed and house staff receives their training card(s), a copy(ies) of the card(s) must be forwarded to the GME office. This is the residents' responsibility, but you may do it if you choose. The front and back of the card must be copied or scanned for GME records, and should be sent to [gmeo@llu.edu](mailto:gmeo@llu.edu). All incoming house staff new to Loma Linda University must provide proof of current training in BLS and other resuscitation training if required. Incoming house staff are encouraged to have training prior to orientation. They will not be permitted to start work until they have provided proof of current training. Current residents can sign up with the LLU Simulation Center by emailing the registration form to: [Simulationcenter@llu.edu](mailto:Simulationcenter@llu.edu) or registering for a course on the OWL Portal offered by the LLU Life Support Education Office. House staff are strongly encouraged to register three to four months in advance of training expiration.

## Other Required Training

Training	Available	Frequency
Resuscitation - BLS/ACLS/PALS	LLU Life Support Education (register for course on OWL Portal) or LLU Simulation Center (a registration form is required). Registration information is available on home page of New Innovations.	Upon beginning training and remain valid and updated throughout training
Respirator Fit Testing	Pre-Hire Physical-Occupational Medicine, afterwards , annually at GME Annual Requirements sessions or through Environmental Health & Safety Office	Annually
TB Skin Testing	Pre-hire physical Occupational Medicine; GME Annual Requirements sessions; Employee Health Services all year	Annually
Conflict of Interest Disclosure		At hire
Blood Borne Pathogens		At hire
HIPAA Basic Training	OWL Portal	Annually
Moderate Sedation		Pre-employment

# House Staff Manual

## Policies

Most GME policies can be found in the House Staff Manual at: <http://lluphysicianlounge.com> or the home page of New Innovations or on the VIP intranet site under PolicyTech. On the Coordinator's Corner, it is known as the Resident Handbook. There are manuals/handbooks for both LLUMC and LLIECHE. The table of contents includes:

Affiliate Institutions	Diagnostic Tests, Ordering
ACGME Competencies	Disability Coverage
AMA Competency Module Program	Discount Cards
Annual Requirements	Disaster Plan
Annual Resident Survey	Drayson Center
Appointment, Additional Year	Drug Enforcement Registration (DEA)
Blood Donations	Drug-Free Work Site Policy
Appointment, Initial	Duty Hour Guidelines
B.L.U.E. Book	Electives
Cafeteria Payroll Deduction Program	E-mail and Internet Use
Call Rooms	Employee Assistance Program (EAP)
Certificate	Endorsements
Chapel	Equal Opportunity
Child Adoption Benefit	Equipment Care and Use
Children's Center	Evaluation, Performance
CODE BLUE	Firearms or Illegal Weapons, Possession of
CODE PINK	Fire Plan
CODE PURPLE	Fit Testing
Committees, Medical Staff	Flexible Spending Account
Compensation and Benefits	Food Service
Competencies, ACGME required	General Information
Completion of Training-Termination & House Staff Clearance	Graduate Medical Education Office
Compliance Plan, Corporate	Grievance Policy and Procedure
Compliance Reporting Line (800) 249-9953	Group Disability Coverage
Conduct and Appearance	Health Plan
Conduct of Searches	Health Plan Continuation
Conferences and Meetings	ID Badges
Confidential Resident Advisors	Injury on Duty-Workers' Compensation
Confidentiality	Jury Duty
CPR Certification	Lactation Rooms
Credit Union	Legal Counsel, Office of
Leave Allowances	Professional Liability Insurance
Library	Resident Advisory Council (RAC)
Licensing, California Medical Board Requirements	Residents Medical Auxiliary (RMA)

Life Insurance	Resident Work Hour Guidelines GMEC-12
Long Distance Calls	Resident Work Hour Tracking
Lost and Found	Responsibility for the Patient
Lounge	Ride Home for Fatigued Resident Physicians
Mail	Safety Management Program
Mandatory Requirements and Documentation	Sabbath Hours
Manuals/Policies	Scrubs
Meal Cards, On-Call	Security
Medical License, California	Shuttle Transport Service
Medical Staff Committees	Staff Rights
Mission Trip Electives	Student Loan Deferment
National Provider Identifier (NPI)	Suspension
Needle Sticks	Tax-Deferred Annuity
New Innovations	Telephone Dialing Instructions
Non-Discrimination and Anti-Harassment <sup>15</sup>	Tips and Gifts
Non-Smoking Policy	Training Appointment
Notary Public Service	Tuition Benefit
Outside Employment and Practice	Use and Care of Equipment and Property
Pagers	USMLE Step 2
Parking	USMLE Step 3
Patient Rights	VA Loma Linda Healthcare
Payroll	Violence in the Workplace Policy I-71
Performance Evaluation	Voting Time
Photocopying	White Coats
Physical Examination, TB, and Immunizations	Work Hour Guidelines
Policies and Procedures	Workers' Compensation – Injury on Duty
Prescriptions	

## More GME Policies

In addition, on the New Innovations opening page is a link for “Policy GME – All Policies.” There are the actual written polices documented in these areas:

- Appointment Procedure for Residents and Clinical Fellows
- Basic Operating Policy
- California Medical License
- Corrective Action
- Educational Fund
- Evaluation of Resident Performance
- Financial Support for Residents
- House Staff Grievance Policy and Procedure
- Institutional Security Prescriptions
- Internal Residency Review
- Leave Allowance

# Special Reviews

The ACGME requires the Graduate Medical Education Committee (GMEC) to demonstrate effective oversight on underperforming programs through a Special Review process. The Special Review process must include a protocol that establishes criteria for identifying underperformance and results in a report that describes the quality improvement goals, corrective actions, and process for the GMEC monitoring of outcomes. Please see the *GME Policy on GMEC Oversight of Residency and Fellowship Programs* for more information.

## *The program coordinator's role in Special Reviews:*

The Special Review (SR) process is a requirement established by the ACGME to demonstrate effective oversight of residency and fellowship programs by the Graduate Medical Education Committee (GMEC). Special reviews will be tailored to meet the specific needs of the program, but generally the process is as follows:

1. The DIO or GMEC provides a written charge to the committee, outlining the specific area(s) of the program that need to be addressed;
2. Depending on the concerns and issues the Special Review Committee (SRC) will determine the type of special review to be conducted; Focused Special Review: A review of the designated concerns identified by the DIO or GMEC, Comprehensive Special Review: A complete review of program including online surveys and interviews indicated for comprehensive program review;
3. Program residents/fellows, faculty, Program Director, and Program Coordinator complete an online survey designed specifically for the program that addresses the issues identified by the DIO or GMEC or complete online surveys;
4. In concert with the Program Coordinator of the program under review, arrangements are made for separate focus groups for the program's residents/fellows and faculty by an SIR member. Participants are invited to contact the designated interviewer with additional confidential or any issue not discussed in the focus groups;
5. Based on online survey results and other program concerns noted in the focus groups the program director/coordinator will be interviewed by the DIO and designated interviewer;
6. After submission of the online surveys, focus groups, and PD/PC interviews a report is written by the designated interviewer that includes the results collected from the above and presented to the SR (Special Review) Committee.

## **Expansion and New Programs**

### *House Staff Expansion Requests to Increase Size or Redistribute House Staff (Residents/Clinical Fellows), Proposals for New Clinical Fellowship Programs, and Applications for Non-ACGME Accredited Training Programs*

The expansion and proposal for new clinical fellowship programs and applications for non-ACGME accredited training program process is generally directed by Graduate Medical Education Committee's Strategic Planning Committee. Program Coordinators receive notification so they are in a position to assist with the process through their Program Director as requested.

Strategic Planning Committee functions as a subcommittee of the Graduate Medical Education Committee. Requests for expansion/new programs are generally called for twice a year, in January and June/July. An announcement, along with the appropriate forms needed for the requests are available through the GME Office.

# GME-Coordinated Meetings

## *Chief Residents Leadership Workshops*

Educational seminars to assist current chief residents in understanding and performing the functions of their roles and spring retreat for newly selected residents who will assume this role in July.

## *Graduate Medical Education Committee (GMEC)*

The Graduate Medical Education Committee meets monthly and reviews from an institutional perspective the implementation of the required “Institutional Requirements” of the ACGME. The Committee advises and monitors the Office of Graduate Medical Education, the Medical Center, and the Medical school of pertinent issues related to house staff (residents and clinical fellows) programs of the institution. Voting membership on the committee includes residents nominated by their peers. It also includes appropriate program directors, administrators, program coordinators, resident physicians, the accountable DIO, and may include other members of the faculty.

## *Resident Advisory Council (RAC)*

The Resident Advisory Council meets monthly and is composed of representatives from residency training programs. Matters of hospital policy that impact the house staff are discussed and information is disseminated through monthly minutes. Any issue pertaining to house staff experience can be referred to and discussed by the Council. Members of the Council serve as house staff representatives on most of the Standing Committees of the Hospital Medical Staff.

## *Strategic Planning Committee*

The Strategic Planning Committee functions as a subcommittee of the Graduate Medical Education Committee. Members of the subcommittee are: the medical center’s CFO, two PDs and two residents from the GMEC, the GMEC chair, and the DIO.

## *Program Coordinator Meetings*

These meetings cover a variety of topics, chosen by the GME office and coordinators. All coordinators (ACGME and non-ACGME) are invited.

# Quick Reference Links and Specialty Boards

## Online Tools

ACGME Accreditation Data System (ADS): <https://www.acgme.org/ads/default.asp>

GME Track/FREIDA-AMA: <https://services.aamc.org/gme/admin/login/index.cfm?useaction=login>

Electronic Residency Application System (ERAS®): <http://www.aamc.org/services/eras/>

American Medical Association (AMA) <http://ama-assn.org>

Education Council for Foreign Medical Graduates (ECFMG) <http://www.ecfm.org>

GME Track-Resident Tracking System <http://aamc.org/gmetrack>

National Residency Match Program (NRMP) <http://www.aamc.org/nrmp>

Specialty Board	Website
Anesthesiology	<a href="http://www.theaba.org">www.theaba.org</a>
Dermatology	<a href="http://www.abderm.org">www.abderm.org</a>
Emergency Medicine	<a href="http://www.abem.org">www.abem.org</a>
Family Medicine	<a href="http://www.theabfm.org">www.theabfm.org</a>
General Surgery	<a href="http://www.absurgery.org">www.absurgery.org</a>
Internal Medicine	<a href="http://www.abim.org">www.abim.org</a>
Neurological Surgery	<a href="http://www.abns.org">www.abns.org</a>
Neurology	<a href="http://www.abpn.org">www.abpn.org</a>
Obstetrics & Gynecology	<a href="http://www.abog.org">www.abog.org</a>
Ophthalmology	<a href="http://www.abop.org">www.abop.org</a>
Oral and Maxillofacial Surgery	<a href="http://www.aboms.org">www.aboms.org</a>
Orthopedic Surgery	<a href="http://www.abos.org">www.abos.org</a>
Otolaryngology	<a href="http://www.aboto.org">www.aboto.org</a>
Pain Medicine	<a href="http://www.abpm.org">www.abpm.org</a>
Pathology	<a href="http://www.abpath.org">www.abpath.org</a>
Pediatrics	<a href="http://www.abp.org">www.abp.org</a>
Pharmacy	<a href="http://www.bpsweb.org">www.bpsweb.org</a>
Physical Medicine and Rehabilitation	<a href="http://www.abpmr.org">www.abpmr.org</a>
Plastic Surgery	<a href="http://www.abplsurg.org">www.abplsurg.org</a>
Preventative Medicine	<a href="http://www.abprevmed.org">www.abprevmed.org</a>
Psychiatry	<a href="http://www.abpn.org">www.abpn.org</a>
Radiology	<a href="http://www.theabr.org">www.theabr.org</a>
Thoracic Surgery	<a href="http://www.abts.org">www.abts.org</a>
Urology	<a href="http://www.abu.org">www.abu.org</a>
Vascular Surgery	<a href="http://www.absurgery.org">www.absurgery.org</a>

# Accreditation Council for Graduate Medical Education (ACGME)

## *Accreditation, Common Program Requirements, Review Committees*

The Accreditation Council for Graduate Medical Education (ACGME) is a private professional organization responsible for the accreditation of about 9,500 residency education programs. The ACGME was established in 1981 from a consensus in the academic medical community for an independent accrediting organization. Its forerunner was the Liaison Committee for Graduate Medical Education, established in 1972. Residency education is the period of clinical education in a medical specialty that follows graduation from medical school, and prepares physicians for the independent practice of medicine. The ACGME's volume of accredited programs makes in one of the largest private accrediting agencies in the country, if not the world.

Stake holders of the ACGME's accreditation process are residency programs, their sponsoring institutions, residents, medical students, the specialty boards of the American Board of Medical Specialties (ABMS), patients, payers, government and the general public. Accreditation offers these stakeholders assurance that a given residency program and its sponsoring institutions meet an accepted set of education standards. The ACGME accredits residency programs in 140 specialty and subspecialty areas of medicine, including all programs leading to primary Board certification by the 24 member boards of the American Board of Medical Specialties.

To develop and refine its accreditation standards and to review accredited programs for compliance with the standards, the ACGME relies on experts in the various medical specialties. Twenty-seven specialty specific committees, known as Residency Review Committees (RRCs), periodically initiate revision of the standards and review accredited programs in each specialty and its subspecialties.

## *Navigating the ACGME Website*

The most important website a coordinator will need is the ACGME site: <http://acgme.org>, especially the directors and coordinators page at <http://www.acgme.org/acgmeweb/tabid/328/GraduateMedicalEducation/ProgramDirectorsandCoordinators.aspx>

In order to enter secure information on the website, you will need both your program's 10 digit number and a password that was created by either yourself or your program director.

Another very important link that will need to be updated not only annually but as changes occur is the on-line reporting system WebADS <https://www.acgme.org/connect/login>.

This website also includes many other important areas to use. In particular, you will want to know the Common Program Requirements (the program requirements common to all residency programs) and the requirements for your specialty (Program Requirements). These are located on the Program and Institutional Accreditation tab. Select the appropriate Accreditation Review Committee (Hospital-Based, Medical, Surgical) and then the specialty to locate the requirements for your program.

## *How does the accreditation process work?*

The work of reviewing specific programs and making accreditation decisions is carried out by 27 Residency Review Committees, one for each major specialty, as well as one for transitional year programs. The Institutional Review Committee accredits institutions that sponsor residency programs. RRC members are volunteer physicians appointed by the appropriate medical specialty organization, medical specialty board and the AMA Council on Medical Education.

ACGME field staff representatives conduct one-day site visits to programs once every two to five years, depending on the strength of the program. About one-third of the programs are visited each year. The field staff representatives write objective narrative reports about the programs they visit based on lengthy interviews with the program directors, faculty and residents, as well as a review of supporting documents.

The RRCs, which on average meet three times a year, review the site visitors' reports, along with data provided by the programs. The RRC members then vote on the appropriate accreditation action for each program on the agenda for that meeting.

New programs are given initial accreditation, while continuing programs are given full accreditation if they substantially comply with the ACGME common and specialty-specific requirements. Programs that have deficiencies may be given accreditation with warning or probationary accreditation, and programs that subsequently fail to demonstrate that they have corrected their deficiencies may have their accreditation withdrawn.

Programs can appeal adverse accreditation actions to an appeals panel composed of volunteer physicians in the appropriate specialty. Although withdrawal of accreditation is usually preceded by probationary accreditation, programs which have egregious violations of program standards or experience a catastrophic loss of resources may be subject to expedited withdrawal of accreditation. Programs may also request voluntary withdrawal of accreditation if, for example, the program becomes inactive or merges with another program. Accreditation may be administratively withdrawn from a program if it is delinquent in paying fees, does not provide information to the review committees, does not maintain current data on the ACGME Accreditation Data System, or does not follow directives of an accreditation action.

## *ACGME Accreditation Site Visit*

### *What are the different types of accreditation site visits?*

#### **FULL visit:**

- For all core program applications and applications for some subspecialty programs (the applications for other subspecialty programs and those for sponsoring institutions are reviewed without a site visit);
- At the end of the two-year Initial Accreditation period, to ensure that a program or sponsoring institution with Initial Accreditation is compliant with the accreditation standards;
- To address broad concerns identified during the review of data submitted to the ACGME annually;

- To assess the merits of a complaint or for other circumstances as requested by a specific Review Committee; and
- To assess overall compliance and ongoing improvement in a program or sponsoring institution during the scheduled 10-year site visit.

**FOCUSED visit:**

- To conduct a timely, in-depth explorations of potential problems arising out of a Review Committee’s review of annually-submitted accreditation data; and
- To assess the merits of a complaint or for other circumstances as requested by a specific Review Committee.

*What documentation needs to be prepared prior to an accreditation site visit?*

For most site visits, the site visitors will use only the information collected via the Accreditation Data System (ADS), and program staff will not need to complete documentation prepared specifically for the site visit. A small number of site visits require documentation prepared specifically for the visit.

These include:

- Applications for accreditation
- The full site visit at the end of the two-year period of initial accreditation, which requires completion of an updated version of the specialty-specific portion of the application document; and the 10-year site visit, which requires completion of the self-study summary, 12 to 18 months before the site visit, and completion of a summary of achievements realized through the self-study, uploaded approximately immediately before the visit. The site visit announcement letter will contain specific instructions if the given site visit requires the completion and uploading of any documents.

*How much lead time does a program receive for a site visit?*

Programs scheduled for a full or focused site visit arising out of the review of data submitted annually through ADS are given a minimum of 30 days advance notice, with the option of one postponement if the request meets ACGME justification criteria. Because site visits no longer use a program document prepared specifically for the site visit (i.e., the PIF), a shorter announcement period is feasible. The letter from the Review Committee indicating the need for a site visit, and the areas of the program that will be assessed, includes a tentative date. This is not the actual site visit date, which is subsequently communicated in a letter sent by the Department of Field Activities.

## Quick Phone Guide

For these and other LLUMC numbers, you can find many directories on the LLU VIP Page: <http://vip.mc.llumc.edu/vip/index.page>. Click on “Employee Services” then “Directories”. There is an extensive list of available directories for departments within LLUMC

**LLUMC to VAH communication:** If you know the VAH extension, dial “7” and the 4-digit extension number (7xxxx) for a direct connection from any LLU phone. Otherwise, call (909) 825-7084 and enter the extension at the prompt.

<b>Emergency Services</b>	
<b>LLU Security (emergency)</b>	<b>911 from any LLU phone</b>
LLU Security (non-emergency)	44320 or (909) 558-4320
Emergency outside of LLU	(using a cell phone or outside LLU) 911
Loma Linda Police Department	(909) 387-3500

ACGME	(312) 755-5000
CNS – Communication Network Services	44321 or (909) 558-4321
Dell E. Webb Memorial Library	44550 or (909) 558-4550
Emergency Room (LLUMC)	42828
Employee Assistance Program (EAP)	909-558-6050
Employee Spiritual Care	87261
ERAS	(202) 828-0413
Graduate Medical Education Office	66131 or (909) 558-6131
Help Desk (LLU)	48611
Help Desk (LLUMC)	48889
Human Resources /Talent Management Services	44001 or (909) 651-4001
New Innovations	(330) 899-9954
LLU Occupational Medicine Center	66222 or (909) 558-6222
Pharmacy LLUMC (Outpatient)	44500 or (909) 558-4500
Pharmacy (Community – Pro Plaza)	(909) 558-6447
Pharmacy (Faculty Medical Offices)	(909) 558-2804
Pharmacy (Meridian)	(909) 558-3766
Pharmacy LLUMC (Outpatient)	44500 or (909) 558-4500
Pharmacy (Community – Pro Plaza)	(909) 558-6447
Risk Management	44001 or (909) 651-4001
Service Desk (LLUMC)	48889

# Common Acronyms/Abbreviations Used in GME

<b>AAMC</b>	Association of American Medical Colleges
<b>ABMS</b>	American Board of Medical Specialties
<b>ACCME</b>	Accreditation Council for Continuing Medical Education
<b>ACGME</b>	Accreditation Council for Graduate Medical Education
<b>ACLS</b>	Advanced Cardiovascular Life Support
<b>ADS</b>	Accreditation Data System
<b>AHA</b>	American Hospital Association
<b>AIR</b>	Annual Institutional Review
<b>AMA</b>	American Medical Association
<b>AOA</b>	American Osteopathic Associate
<b>APD</b>	Associate Program Director
<b>BLS</b>	Basic Life Support
<b>CBE</b>	Competency-Based Education
<b>CCC</b>	Clinical Competency Committee
<b>CLER</b>	Clinical Learning Environment Review
<b>CMIA</b>	Confidentiality of Medical Information Act
<b>CMS</b>	Centers for Medicare and Medicaid Services
<b>CMSS</b>	Council of Medical Specialty Societies
<b>CRCC</b>	Council of Review Committee Chairs
<b>CRCR</b>	Council of Review Committee Residents
<b>DIO</b>	Designated Institutional Official
<b>ECFMG</b>	Educational Commission for Foreign Medical Graduates
<b>EPA</b>	Entrustable Professional Activity
<b>ERAS</b>	Electronic Residency Application Services
<b>FRIEDA</b>	Fellowship and Residency Interactive Database
<b>FS</b>	Field Staff
<b>FSMB</b>	Federation of State Medical Boards
<b>GME</b>	Graduate Medical Education
<b>GMEO</b>	Graduate Medical Education Office

<b>HIPAA</b>	Health Insurance Portability and Accountability Act
<b>IMG</b>	International Medical Graduate
<b>IRC</b>	Institutional Review Committee
<b>IRD</b>	Intuition Review Document
<b>ITE</b>	In-Training Exam
<b>JC</b>	Joint Commission
<b>LCME</b>	Liaison Committee on Medical Education
<b>LLIECHE</b>	Loma Linda Inland Empire Consortium for Healthcare Education
<b>LON</b>	Letter of Notification
<b>LOR</b>	Letter of Recommendation
<b>MBC</b>	Medical Board of California
<b>MOU</b>	Memorandum of Understanding
<b>NBME</b>	National Board of Medical Examiners
<b>NPI</b>	National Provider Identifier
<b>NRMP</b>	National Resident Matching Program
<b>PC</b>	Program Coordinator
<b>PEC</b>	Program Evaluation Committee
<b>PD</b>	Program Director
<b>PGY</b>	Post Graduate Year
<b>PLA</b>	Program Letter of Agreement
<b>PY</b>	Program Year
<b>RC</b>	Review Committee
<b>RAC</b>	Resident Advisory Committee
<b>RMA</b>	Resident Medical Auxiliary
<b>RRC</b>	Residency Review Committee
<b>SV</b>	Site Visitor
<b>SSV</b>	Specialist Site Visitor
<b>TY</b>	Transitional Year
<b>USMLE</b>	United States Medical Licensing Exam

# Glossary of Terms

## **Academic Appointment**

An appointment to a faculty category (e.g. professor, Associate Professor, Adjunct Clinical Instructor, etc.) of a degree-granting (e.g. BS, BA, MA, MD, DO, PhD, etc.) school, college, or university.

## **ACGME**

The Accreditation Council for Graduate Medical Education is the body responsible for accrediting the majority of graduate medical training programs (i.e. internships, residencies, and fellowships) for physicians in the United States.

## **ACLS**

Advanced Cardiovascular Life Support certification enhances a health care provider's skills in treating adult victims of cardiac arrest or other cardiopulmonary emergencies. ACLS certification is required by some residency specialties.

## **Accreditation**

A voluntary process of evaluation and review based on published standards and following a prescribed process, performed by a non-governmental agency of peers.

## **Accreditation Data System (ADS)**

Web ADS is an online service of the ACGME that allows authorized program directors of accredited graduated medical education programs to input limited amounts of Program Information data to servers' maintained by the ACGME or on its behalf.

## **Applicant**

An individual invited to interview with a GME program.

## **Assessment**

An ongoing process of gathering and interpreting information about a learner's knowledge, skills, and/or behavior.

## **At-Home Call**

Same as Pager Call. A call taken from outside the assigned site. Time in the hospital, exclusive of travel time, counts against the 80 hour per week limit but does not restart the clock for time off between scheduled in-house duty periods. At-Home Call may not be scheduled on the resident's one free day per week (averaged over four weeks).

## **BLS**

Basic Life Support certification enhances a health care provider's skills in recognizing several life-threatening emergencies, providing CPR to victims of all ages, using an AED, and relieving choking in a safe, timely, and effective manner. BLS certification is required for all residents by the LLU GME Office.

### **Categorical Resident**

(Also see "Graduate Year 1"): A resident who enters a program with the objective of completing the entire program.

### **Certification**

A process to provide assurance to the public that a certified medical specialist has successfully completed an approved educational program and an evaluation, including an examination process designed to assess the knowledge, experience and skills requisite to the provision of high quality care in a particular specialty.

### **Chief Resident**

Typically, a position in the final year of the residency (e.g., surgery) or in the year after the residency is completed (e.g., internal medicine and pediatrics).

### **Citation**

A finding of a Review Committee that a program or an institution is failing to comply substantially with a particular accreditation standard or ACGME policy or procedure.

### **Clarifying Information**

A Review Committee may request clarifying information that specifies information to be provided, including a due date for the clarifying information.

### **Clinical**

Refers to the practice of medicine in which physicians assess patients (in person or virtually) or populations in order to diagnose, treat, and prevent disease using their expert judgment. It also refers to physicians who contribute to the care of patients by providing clinical decision support and information systems, laboratory, imaging, or related studies.

### **Clinical Competency Committee**

A required body comprising three or more members of the active teaching faculty who is advisory to the program director and reviews the progress of all residents in the program.

### **Clinical Learning Environment Review (CLER)**

The ACGME Clinical Learning Environment provides the profession and the public a broad view of sponsoring institution's initiatives to enhance the safety of the learning environment and to determine how residents are engaged in the patient safety and quality improvement activities.

### **Clinical Responsibility/Workload Limits**

Reasonable maximum levels of assigned work for residents/fellows consistent with ensuring both patient safety and a quality educational experience. Such workloads, and their levels of intensity, are specialty-specific and must be thoroughly examined by the RRCs before inclusion in their respective program requirements.

### **Clinical Supervision**

A required faculty activity involving the oversight and direction of patient care activities that are provided by residents/fellows.

### **Combined Specialty Programs**

Programs recognized by two or more separate specialty boards to provide GME in a particular combined specialty. Each combined specialty program is made up of two or three programs, accredited separately by the ACGME at the same institution (e.g., IM/PEDS, IM/Anesthesia).

### **Common Program Requirements**

The set of ACGME requirements that apply to all specialties and subspecialties.

### **Competencies**

Specific knowledge, skills, behaviors and attitudes and the appropriate educational experiences required of residents to complete GME programs. These include patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

### **Complement**

The maximum number of residents or fellows approved by a Residency Review Committee per year for a program based upon availability of adequate resources.

### **Compliance**

A program's or institution's adherence to a set of prescribed requirements.

### **Conditional independence**

Graded, progressive responsibility for patient care with defined oversight.

### **Confidential**

Information intended to be disclosed only to an authorized person; that an evaluation is deemed confidential does not imply that the source of the evaluation is anonymous.

### **Consortium**

An association of two or more organizations, hospitals, or institutions that have come together to pursue common objectives (e.g., LLIECHE).

### **Continued Accreditation**

A status of "Continued Accreditation" is conferred when a Review Committee determines that a program or sponsoring institution has demonstrated substantial compliance with the requirements.

### **Continuity Clinic**

Setting for a longitudinal experience in which residents develop a continuous, long-term therapeutic relationship with a panel of patients.

### **Continuous time on duty**

The period that a resident or fellow is in the hospital (or other clinical care setting) continuously, counting the resident's (or fellow's) regular scheduled day, time on call, and the hours a resident (or fellow) remains on duty after the end of the on-call period to transfer the care of patients and for didactic activities.

## **Core Faculty**

All physician faculty members who have a significant role in the education of resident/fellows and who have documented qualifications to instruct and supervise. Core faculty members devote at least 15 hours per week to resident education and administration. All core faculty members should evaluate the competency domains, work closely with and support the program director, assist in developing and implementing evaluation systems, and teach and advise residents.

## **Core Program**

See “Specialty Program”

## **Designated Institutional Official (DIO)**

The individual in a sponsoring institution who has the authority and responsibility for all of the ACGME-accredited GME programs. For LLUMC, the DIO is Dr. Daniel Giang.

## **Didactic**

A kind of systematic instruction by means of planned learning experiences, such as lecture series, conferences, or grand rounds.

## **Duty Hours**

Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent on in-house call, and other scheduled activities, such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.

## **ECFMG**

The Education Commission for Foreign Medical Graduates assesses the readiness of international medical graduates to enter residency or fellowship programs in the United States that are accredited by the ACGME.

## **ECFMG Number**

The identification number assigned by the Educational Commission for Foreign Medical Graduates (ECFMG) to each international medical graduate physician who receives a certification from ECFMG.

## **Elective**

An educational experience approved for inclusion in the program curriculum and selected by the resident in consultation with the program director.

## **Entrustable Professional Activities (EPAs)**

Entrustable Professional Activities are units of professional practice, defined as tasks or responsibilities that trainees are entrusted to perform unsupervised once they have attained sufficient specific competence. EPAs are independently executable, observable, and measurable in their process and outcome, and therefore, suitable for entrustment decisions. (Olle ten Cate, *JGME*)

## **ERAS**

The Electronic Residency Application Service is a service that transmits residency and fellowship applications and supporting documents from applicants to residency programs.

## **Essential**

(See "Must")

## **External moonlighting**

Voluntary, compensated, medically-related work performed outside the institution where the resident is in training or at any of its related participating sites.

## **Extraordinary Circumstances**

A circumstance that significantly alters the ability of a sponsor and its programs to support resident education.

## **Extreme Emergent Situation**

A local event (such as a hospital-declared disaster for an epidemic) that affect resident education or the work environment but does not rise to the level of an extraordinary circumstance as defined in the *ACGME Policies and Procedures, Section 20.00*.

## **Faculty**

Any individuals who have received a formal assignment to teach resident/fellow physicians. At some sites appointment to the medical staff of the hospital constitutes appointment to the faculty.

## **Fatigue management**

Recognition by either a resident or supervisor of a level of resident fatigue that may adversely affect patient safety and enactment of appropriate countermeasures to mitigate the fatigue.

## **Fellow**

A physician in a program of graduate medical education accredited by the ACGME who has completed the requirements for eligibility for first board certification in the specialty. The term "subspecialty residents" is also applied to such physicians. Other uses of the term "fellow" require modifiers for precision and clarity, e.g., research fellow.

## **Fellowship**

See "subspecialty program"

## **Fifth Pathway**

One of several ways that individuals who obtain their undergraduate medical education abroad can enter GME in the United States. The fifth pathway is a period of supervised clinical training for students who obtained their premedical education in the United States, received undergraduate medical education abroad, and passed Step 1 of the United States

Medical Licensing Examination. After these students successfully complete a year of clinical training sponsored by an LCME-accredited US medical school and pass USMLE Step 2, they become eligible for an ACGME-accredited residency as an international medical graduate.

### **Fitness for duty**

Mentally and physically able to effectively perform required duties and promote patient safety.

### **FREIDA**

An online database of information for more than 9,600 ACGME-accredited residency and fellowship programs, as well as 200 board-approved combined specialty programs.

### **Focused Site Visit**

A focused site visit assesses selected aspects of a program or sponsoring institution identified by a Review Committee (see *ACGME Policies and Procedures, Section 17.30*).

### **Formative Evaluation**

Assessment of a resident/fellow with the primary purpose of providing feedback for improvement as well as to reinforce skills and behaviors that meet established criteria and standards without passing a judgment in the form of a permanently recorded grade or score.

### **Full Site Visit**

A full site visit addresses and assesses compliance with all applicable standards and encompasses all aspects of a program or sponsoring institution (see *ACGME Policies and Procedures, Section 17.30*).

### **Graduate Medical Education**

The period of didactic and clinical education in a medical specialty which follows the completion of a recognized undergraduate medical education and which prepares physicians for the independent practice of medicine in that specialty, also referred to as residency education. The term “graduate medical education” also applies to the period of didactic and clinical education in a medical subspecialty which follows the completion of education in a recognized medical specialty and which prepares physicians for the independent practice of medicine in that subspecialty.

### **GME Track**

A resident database and tracking system used to assist graduate medical education programs in the collection and management of GME data.

### **GMEC**

The Graduate Medical Education Committee is responsible for establishing and implementing policies and procedures, overseeing compliance with ACGME program guidelines, and reviewing program changes.

### **Graduate-Year Level**

Refers to a resident's current year of accredited GME. This designation may or may not correspond to the resident's particular year in a program. For example, a resident in pediatric cardiology could be in the first program year of the pediatric cardiology program but in his/her fourth graduate year of GME (including the 3 prior years of pediatrics.) Also referred to as ‘post graduate year’ or ‘PGY’.

## **Grand Rounds**

Teaching tools (lecture series) provided for health care professionals within the hospital to help keep them up to date on important areas, some of which may be outside their core practice. Most departments have their own specialized, often weekly, grand rounds.

## **In-House Call**

Duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

## **Initial Accreditation**

A status of “Initial Accreditation” is conferred when a Review Committee determines that an application for a new program or sponsoring institution substantially complies with the requirements. Initial accreditation is considered a developmental stage.

## **Innovation**

Experimentation initiated at the program level which may involve an individual program, a group of residents (e.g., PGY1 residents) or an individual resident (e.g., chief resident).

## **Institutional Review**

The process undertaken by the ACGME to determine whether a sponsoring institution offering GME programs is in substantial compliance with the Institutional Requirements.

## **Integrated**

A site may be considered integrated when the program director a) appoints the members of the faculty and is involved in the appointment of the chief of service at the integrated site, b) determines all rotations and assignments of residents, and c) is responsible for the overall conduct of the educational program in the integrated site. There must be a written agreement between the sponsoring institution and the integrated site stating that these provisions are in effect. This definition does not apply to all specialties. (See specific Program Requirements)

## **Intern**

A designation for individuals in the first year of GME (PGY-1)

## **Internal Moonlighting**

Voluntary, compensated, medically-related work (not related with training requirements) performed within the institution in which the resident is in training or at any of its related participating sites.

## **International Medical Graduate (IMG)**

A graduate from a medical school outside the United States and Canada (and not accredited by the Liaison Committee on Medical Education). IMGs may be citizens of the United States who chose to be educated elsewhere or non-citizens who are admitted to the United States by US Immigration authorities. All IMGs should undertake residency education in the United States before they can obtain a license to practice medicine in the United States even if they were fully educated, licensed, and practicing in another country.

### **In-Training Examination**

Formative examinations developed to evaluate resident/fellow progress in meeting the educational objectives of a residency/fellowship program. These examinations may be offered by certification boards or specialty societies.

### **Joint Commission (TJC)**

Formerly known as the Joint Commission on Accreditation of Healthcare Organizations or JCAHO, which evaluates and accredits health care organizations in the United States.

### **LCME**

The Liaison Committee on Medical Education accredits programs of medical education leading to an M.D. degree in the United States and in collaboration with the Committee on Accreditation of Canadian Medical Schools (CACMS), in Canada.

### **Letter of Notification**

The official communication from a Review Committee that states the action taken by the Review Committee.

### **LLIECHE**

The Loma Linda Inland Empire Consortium for Healthcare Education is a not-for-profit religious healthcare corporation, which is affiliated with Loma Linda University Medical Center. LLIECHE includes the following programs: family medicine, family medicine/preventative medicine, psychiatry, general pediatrics, critical care pediatrics, and neonatology.

### **Master Affiliation Agreement**

A written document that addresses GME responsibilities between a sponsoring institution and a major participating site.

### **Medical School Affiliation**

A formal relationship between a medical school and a sponsoring institution.

### **Milestones**

Milestones are competency-based developmental outcomes (e.g. knowledge, skills, attitudes, and performance) that can be demonstrated progressively by residents and fellows from the beginning of their education through graduation to unsupervised practice of their specialties. Milestones will be used by the ACGME to demonstrate accountability of the effectiveness of GME within ACGME-accredited programs in meeting the needs of the public. Please see your specialty specific milestones on the ACGME website.

### **Must**

A term used to identify a requirement, which is mandatory or done without fail. This term indicates an absolute requirement.

### **National Resident Matching Program (NRMP)**

A private, non-profit, non-governmental organization created to help match medical school students with residency or fellowship programs.

### **Night Float**

Rotation or educational experience designed to either eliminate in-house call or to assist other residents during the night. Residents assigned to night float are assigned on-site duty during evening/night shifts and are responsible for admitting or cross-covering patients until morning and do not have daytime assignments. Rotation must have an educational focus.

### **Notable Practice**

A process or practice that a Review Committee or other ACGME committee deems worthy of notice. Notable practices are shared through the ACGME website or other ACGME publications to provide programs and institutions with additional resources for resident education. Notable practices do not create additional requirements for programs or institutions.

### **One Day Off**

One (1) continuous 24-hour period free from all administrative, clinical and educational activities.

### **Ownership of Institution**

Refers to the governance, control, or type of ownership of the institution.

### **Pager Call**

A call taken from outside the assigned site.

### **PDSA (Plan-Do-Study-Act)**

A four part method for discovering and correcting assignable causes to improve the quality of processes; the method may be applied to individual learning, courses, programs, institutions, and systems, in repeated cycles.

### **Pilot**

An ACGME-approved project, which is initiated by the Review Committee and involves several residency/fellowship programs that elect to participate.

### **Post Call**

A term used to indicate the time period after working a 24-hour call

### **Preliminary Positions**

- Designated Positions: Positions for residents who have already been accepted into another specialty, but who are completing prerequisites for that specialty (see Program Requirements for Surgery)
- Non-Designated Positions: Positions for residents who at the time of admission to a program have not been accepted to any specialty (see Program Requirements for Surgery)

### **Primary Clinical Site**

If the sponsoring institution is a hospital, it is by definition the principal or primary teaching hospital for the residency/fellowship program. If the sponsoring institution is a medical school, university, or consortium of hospitals, the hospital that is used most commonly in the residency/fellowship program is recognized as the primary clinical site.

### **Probationary Accreditation**

An accreditation status is conferred when the Review Committee determines that a program or sponsoring institution that has failed to demonstrate substantial compliance with the requirements.

### **Program**

A structured educational experience in graduate medical education designed to conform to the Program Requirements of a particular specialty/subspecialty, the satisfactory completion of which may result in eligibility for board certification.

### **Program Director**

The one physician designated with authority and accountability for the operation of the residency/fellowship program.

### **Program Evaluation**

Systematic collection and analysis of information related to the design, implementation, and outcomes of a resident education program, for the purpose of monitoring and improving the quality and effectiveness of the program.

### **Progress Report**

A Review Committee may request a progress report that specifies information to be provided, including a due date for the report. The progress report must be reviewed by the sponsoring institution's GMEC, and must be signed by the designated institutional official prior to submission to the Review Committee.

### **Program Letter of Agreement (PLA)**

A written document that addresses GME responsibilities between an individual accredited program and a site other than the sponsoring institution at which residents receive a required part of their education.

### **Program Merger**

Two or more programs that combine to create a single program. One program may maintain continued accreditation while accreditation is voluntarily withdrawn from the other program or programs. Alternatively, both programs may be withdrawn and a new program may be established.

### **Program Year**

Refers to the current year of education within a specific program; this designation may or may not correspond to the resident's graduate year level.

### **Required**

Educational experiences within a residency/fellowship program designated for completion by all residents/fellows.

### **Resident**

Any physician in an accredited graduate medical education program, including interns, residents, and fellows.

## **Residency**

A program accredited to provide a structured educational experience designed to conform to the Program Requirements of a particular specialty.

## **Review Committee Executive Director**

Appointed by the ACGME Chief Executive Officer, is a chief staff person for a Review Committee and is responsible for all administrative matters of the Review Committee.

## **Review Committee/Residency Review Committee**

The function of a Review Committee is to set accreditation standards and to provide a peer evaluation of residency programs and fellowships (or, in the case of the Institutional Review Committee, to set accreditation standards and to provide a peer evaluation of sponsoring institutions).

## **Rotation**

An educational experience of planned activities in selected settings, over a specific time period, developed to meet goals and objectives of the program.

## **SBAR**

An acronym for Situation, Background, Assessment, Recommendation; a technique that can be used to facilitate prompt and appropriate communication particularly in health care settings.

## **Scheduled duty periods**

Assigned duty within the institution encompassing hours which may be within the normal work day, beyond the normal work day, or a combination of both.

## **Scholarly Activity**

An opportunity for residents/fellows and faculty to participate in research, as well as organized clinical discussions, rounds, journal clubs, and conferences. In addition, some members of the faculty should also demonstrate scholarship through one or more of the following: peer-reviewed funding; publication of original research or review articles in peer-reviewed journals or chapters in textbooks; publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or participation in national committees or educational organizations. (See Common Program Requirements)

## **Shall**

(See must)

## **Should**

A term used to designate requirements so important that their absence must be justified. A program or institution may be cited for failing to comply with a requirement that includes the term 'should'.

## **Site**

An organization providing educational experiences or educational assignments/rotations for residents/fellows.

- **Major Participating Site:** A Review Committee-approved site to which all residents in at least one program rotate for a required educational experience, and for which a master affiliation agreement must be in place. To be designated as a major participating site in a two-year program, all residents must spend at least four months in a single required rotation or a combination of required rotations across both years of the program. In programs of three years or longer, all residents must spend at least six months in a single required rotation or a combination of required rotations across all years of the program. The term “major participating site” does not apply to sites providing required rotations in one year programs. (See “Master Affiliation Agreement”)
- **Participating Site:** An organization providing educational experiences or educational assignments/rotations for residents/fellows. Examples of sites include: a university, a medical school, a teaching hospital which includes its ambulatory clinics and related facilities, a private medical practice or group practice, a nursing home, a school of public health, a health department, a federally qualified health center, a public health agency, an organized health care delivery system, a health maintenance organization (HMO), a medical examiner’s office, a consortium or an educational foundation.

### **Specialty Program**

A structured educational experience in a field of medical practice following completion of medical school and, in some cases, prerequisite basic clinical education designed to conform to the Program Requirements of a particular specialty; also known as ‘core’ programs.

### **Sponsoring Institution**

The organization (or entity) that assumes the ultimate financial and academic responsibility for a program of GME. The sponsoring institution has the primary purpose of providing educational programs and/or health care services (e.g., a university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized health care delivery system, a medical examiner’s office, a consortium, an educational foundation).

- **Clarification:** When the sponsoring institution is a non-rotation site the major associated hospital is the participating rotation site. Additionally, for multiple ambulatory medical sites under separate ownership from the sponsoring institution one central or corporate site (and address) must represent the satellite clinics (that are located within 10 miles of the main site).

### **Strategic napping**

Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

### **Subspecialty Program**

A structured educational experience following completion of a prerequisite specialty program in GME designed to conform to the Program Requirements of a particular subspecialty.

**Dependent Subspecialty Program:** A program that is required to function in conjunction with an accredited specialty/core program, usually reviewed jointly with the specialty program, usually sponsored by the same sponsoring institution, and geographically proximate. The continued accreditation of the subspecialty program is dependent on the specialty program maintaining its accreditation.

## **Suggested**

A term along with its companion “strongly suggested,” used to indicate that something is distinctly urged rather than required. An institution or program will not be cited for failing to do something that is suggested or strongly suggested.

## **Summative Evaluation**

Assessment with the primary purpose of establishing whether or not performance measured at a single defined point in time meets established performance standards, permanently recorded in the form of a grade or score.

## **Transfer resident**

Residents are considered as transfer residents under several conditions including: moving from one program to another within the same or different sponsoring institution; when entering a PGY 2 program requiring a preliminary year even if the resident was simultaneously accepted into the preliminary PGY1 program and the PGY2 program as part of the match (e.g., accepted to both programs right out of medical school). Before accepting a transfer resident, the program director of the ‘receiving program’ must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation from the current program director. The term ‘transfer resident’ and the responsibilities of the two program directors noted above do not apply to a resident who has successfully completed a residency and then is accepted into a subsequent residency or fellowship program.

## **Transitional-Year Program**

A one-year educational experience in GME, which is structured to provide a program of multiple clinical disciplines; its design to facilitate the choice of and/or preparation for a specialty. The transitional year is not a complete graduate education program in preparation for the practice of medicine.

## **Transitions of care**

The relaying of complete and accurate patient information between individuals or teams in transferring responsibility for patient care in the healthcare setting.

## **Unannounced Site Visit**

A site visit that is unannounced due to the urgency of an issue(s) that needs immediate review. A program may receive up to three weeks’ notice of unannounced site visits.

## **USMLE**

The United States Medical Licensing Exam is a three-part (Step 1, Step 2, and Step 3) exam taken by all physicians over several years during medical school and residency training.

## **Withdrawal of Accreditation**

A Review Committee determines that a program or sponsoring institution has failed to demonstrate substantial compliance with the requirements.

## **Warning**

If a program or sponsoring institution does not demonstrate substantial compliance, a Review Committee may warn a program or sponsoring institution if it determines areas of non-compliance may jeopardize its accreditation status.